

AMENDMENTS TO LB 603

Introduced by Gay, 14.

1 1. Strike the original sections and all amendments
2 thereto and insert the following new sections:

3 Section 1. Section 68-911, Revised Statutes Cumulative
4 Supplement, 2008, is amended to read:

5 68-911 (1) Medical assistance shall include coverage for
6 health care and related services as required under Title XIX of the
7 federal Social Security Act, including, but not limited to:

- 8 (a) Inpatient and outpatient hospital services;
- 9 (b) Laboratory and X-ray services;
- 10 (c) Nursing facility services;
- 11 (d) Home health services;
- 12 (e) Nursing services;
- 13 (f) Clinic services;
- 14 (g) Physician services;
- 15 (h) Medical and surgical services of a dentist;
- 16 (i) Nurse practitioner services;
- 17 (j) Nurse midwife services;
- 18 (k) Pregnancy-related services;
- 19 (l) Medical supplies; and
- 20 (m) Early and periodic screening and diagnosis and
21 treatment services for children.

22 (2) ~~Medical~~ In addition to coverage otherwise required
23 under this section, medical assistance may include coverage for

1 health care and related services as permitted but not required
2 under Title XIX of the federal Social Security Act, including, but
3 not limited to:

4 (a) Prescribed drugs;

5 (b) Intermediate care facilities for the mentally
6 retarded;

7 (c) Home and community-based services for aged persons
8 and persons with disabilities;

9 (d) Dental services;

10 (e) Rehabilitation services;

11 (f) Personal care services;

12 (g) Durable medical equipment;

13 (h) Medical transportation services;

14 (i) Vision-related services;

15 (j) Speech therapy services;

16 (k) Physical therapy services;

17 (l) Chiropractic services;

18 (m) Occupational therapy services;

19 (n) Optometric services;

20 (o) Podiatric services;

21 (p) Hospice services;

22 (q) Mental health and substance abuse services;

23 (r) Hearing screening services for newborn and infant
24 children; and

25 (s) Administrative expenses related to administrative
26 activities, including outreach services, provided by school
27 districts and educational service units to students who are

1 eligible or potentially eligible for medical assistance.

2 (3) No later than July 1, 2009, the department
3 shall submit a state plan amendment or waiver to the federal
4 Centers for Medicare and Medicaid Services to provide coverage
5 under the medical assistance program for community-based secure
6 residential and subacute behavioral health services for all
7 eligible recipients, without regard to whether the recipient has
8 been ordered by a mental health board under the Nebraska Mental
9 Health Commitment Act to receive such services.

10 Sec. 2. Section 68-915, Revised Statutes Cumulative
11 Supplement, 2008, is amended to read:

12 68-915 The following persons shall be eligible for
13 medical assistance:

- 14 (1) Dependent children as defined in section 43-504;
- 15 (2) Aged, blind, and disabled persons as defined in
16 sections 68-1002 to 68-1005;
- 17 (3) Children under nineteen years of age who are eligible
18 under section 1905(a)(i) of the federal Social Security Act;
- 19 (4) Persons who are presumptively eligible as allowed
20 under sections 1920 and 1920B of the federal Social Security Act;
- 21 (5) Children under nineteen years of age ~~and pregnant~~
22 ~~women~~ with a family income equal to or less than ~~one~~ two hundred
23 ~~eighty-five~~ percent of the Office of Management and Budget income
24 poverty guideline, as allowed under Title XIX and Title XXI of
25 the federal Social Security Act, without regard to resources,
26 and pregnant women with a family income equal to or less than
27 one hundred eighty-five percent of the Office of Management

1 and Budget income poverty guideline, as allowed under Title
2 XIX and Title XXI of the federal Social Security Act, without
3 regard to resources. Children described in this subdivision and
4 subdivision (6) of this section shall remain eligible for six
5 consecutive months from the date of initial eligibility prior
6 to redetermination of eligibility. The department may review
7 eligibility monthly thereafter pursuant to rules and regulations
8 adopted and promulgated by the department. The department may
9 determine upon such review that a child is ineligible for medical
10 assistance if such child no longer meets eligibility standards
11 established by the department;

12 (6) For purposes of Title XIX of the federal Social
13 Security Act as provided in subdivision (5) of this section,
14 children with a family income as follows:

15 (a) Equal to or less than one hundred fifty percent of
16 the Office of Management and Budget income poverty guideline with
17 eligible children one year of age or younger;

18 (b) Equal to or less than one hundred thirty-three
19 percent of the Office of Management and Budget income poverty
20 guideline with eligible children over one year of age and under six
21 years of age; or

22 (c) Equal to or less than one hundred percent of the
23 Office of Management and Budget income poverty guideline with
24 eligible children six years of age or older and less than nineteen
25 years of age;

26 (7) Persons who are medically needy caretaker relatives
27 as allowed under 42 U.S.C. 1396d(a)(ii);

1 (8) As allowed under 42 U.S.C. 1396a(a)(10)(A)(ii),
2 disabled persons as defined in section 68-1005 with a family income
3 of less than two hundred fifty percent of the Office of Management
4 and Budget income poverty guideline and who, but for earnings in
5 excess of the limit established under 42 U.S.C. 1396d(q)(2)(B),
6 would be considered to be receiving federal Supplemental Security
7 Income. The department shall apply for a waiver to disregard any
8 unearned income that is contingent upon a trial work period in
9 applying the Supplemental Security Income standard. Such disabled
10 persons shall be subject to payment of premiums as a percentage of
11 family income beginning at not less than two hundred percent of
12 the Office of Management and Budget income poverty guideline. Such
13 premiums shall be graduated based on family income and shall not be
14 less than two percent or more than ten percent of family income;
15 and

16 (9) As allowed under 42 U.S.C. 1396a(a)(10)(A)(ii),
17 persons who:

18 (a) Have been screened for breast and cervical cancer
19 under the Centers for Disease Control and Prevention breast and
20 cervical cancer early detection program established under Title XV
21 of the federal Public Health Service Act, 42 U.S.C. 300k et seq.,
22 in accordance with the requirements of section 1504 of such act, 42
23 U.S.C. 300n, and who need treatment for breast or cervical cancer,
24 including precancerous and cancerous conditions of the breast or
25 cervix;

26 (b) Are not otherwise covered under creditable coverage
27 as defined in section 2701(c) of the federal Public Health Service

1 Act, 42 U.S.C. 300gg(c);

2 (c) Have not attained sixty-five years of age; and

3 (d) Are not eligible for medical assistance under any
4 mandatory categorically needy eligibility group.

5 Eligibility shall be determined under this section
6 using an income budgetary methodology that determines children's
7 eligibility at no greater than ~~one~~ two hundred ~~eighty-five~~ percent
8 of the Office of Management and Budget income poverty guideline and
9 adult eligibility using adult income standards no greater than the
10 applicable categorical eligibility standards established pursuant
11 to state or federal law. The department shall determine eligibility
12 under this section pursuant to such income budgetary methodology
13 and subdivision (1)(q) of section 68-1713.

14 Sec. 3. Section 71-801, Revised Statutes Cumulative
15 Supplement, 2008, is amended to read:

16 71-801 Sections 71-801 to 71-818 and sections 5 to 14 of
17 this act shall be known and may be cited as the Nebraska Behavioral
18 Health Services Act.

19 Sec. 4. Section 71-808, Revised Statutes Cumulative
20 Supplement, 2008, is amended to read:

21 71-808 (1) A regional behavioral health authority shall
22 be established in each behavioral health region by counties acting
23 under provisions of the Interlocal Cooperation Act. Each regional
24 behavioral health authority shall be governed by a regional
25 governing board consisting of one county board member from each
26 county in the region. Board members shall serve for staggered
27 terms of three years and until their successors are appointed and

1 qualified. Board members shall serve without compensation but shall
2 be reimbursed for their actual and necessary expenses as provided
3 in sections 81-1174 to 81-1177.

4 (2) The regional governing board shall appoint a regional
5 administrator who shall be responsible for the administration
6 and management of the regional behavioral health authority. Each
7 regional behavioral health authority shall encourage and facilitate
8 the involvement of consumers in all aspects of service planning
9 and delivery within the region and shall coordinate such activities
10 with the office of consumer affairs within the division. Each
11 regional behavioral health authority shall establish and utilize
12 a regional advisory committee consisting of consumers, providers,
13 and other interested parties and may establish and utilize such
14 other task forces, subcommittees, or other committees as it deems
15 necessary and appropriate to carry out its duties under this
16 section.

17 (3) Each county in a behavioral health region shall
18 provide funding for the operation of the behavioral health
19 authority and for the provision of behavioral health services
20 in the region. The total amount of funding provided by counties
21 under this subsection shall be equal to one dollar for every three
22 dollars from the General Fund. The division shall annually certify
23 the total amount of county matching funds to be provided. At least
24 forty percent of such amount shall consist of local and county
25 tax revenue, and the remainder shall consist of other nonfederal
26 sources. The regional governing board of each behavioral health
27 authority, in consultation with all counties in the region, shall

1 determine the amount of funding to be provided by each county
2 under this subsection. Any General Funds transferred from regional
3 centers for the provision of community-based behavioral health
4 services after July 1, 2004, and funds received by a regional
5 behavioral health authority for the provision of behavioral health
6 services to children under section 10 of this act shall be
7 excluded from any calculation of county matching funds under this
8 subsection.

9 Sec. 5. Sections 5 to 11 of this act shall be known and
10 may be cited as the Children and Family Behavioral Health Support
11 Act.

12 Sec. 6. No later than January 1, 2010, the department
13 shall establish a Children and Family Support Hotline which shall:

14 (1) Be a single point of access for children's behavioral
15 health triage through the operation of a twenty-four-hour-per-day,
16 seven-day-per-week telephone line;

17 (2) Be administered by the division and staffed by
18 trained personnel under the direct supervision of a qualified
19 mental health, behavioral health, or social work professional
20 engaged in activities of mental health treatment;

21 (3) Provide screening and assessment;

22 (4) Provide referral to existing community-based
23 resources; and

24 (5) Be evaluated. The evaluation shall include, but not
25 be limited to, the county of the caller, the reliability and
26 consistency of the information given, an analysis of services
27 needed or requested, and the degree to which the caller reports

1 satisfaction with the referral service.

2 Sec. 7. (1) No later than January 1, 2010, the department
3 shall establish a Family Navigator Program to respond to children's
4 behavioral health needs. The program shall be administered by the
5 division and consist of individuals trained and compensated by the
6 department who, at a minimum, shall:

7 (a) Provide peer support; and

8 (b) Provide connection to existing services, including
9 the identification of community-based services.

10 (2) The Family Navigator Program shall be evaluated. The
11 evaluation shall include, but not be limited to, an assessment
12 of the quality of the interactions with the program and the
13 effectiveness of the program as perceived by the family, whether
14 the family followed through with the referral recommendations, the
15 availability and accessibility of services, the waiting time for
16 services, and cost and distance factors.

17 Sec. 8. No later than January 1, 2010, the department
18 shall provide post-adoption and post-guardianship case management
19 services for adoptive and guardianship families of former state
20 wards on a voluntary basis. The department shall notify adoptive
21 parents and guardians of the availability of such services and the
22 process to access such services and that such services are provided
23 on a voluntary basis. Notification shall be in writing and shall be
24 provided at the time of finalization of the adoption agreement or
25 completion of the guardianship and each six months thereafter until
26 dissolution of the adoption, until termination of the guardianship,
27 or until the former state ward attains nineteen years of age,

1 whichever is earlier. Post-adoption and post-guardianship case
2 management services under this section shall be administered by the
3 Division of Children and Family Services and shall be evaluated.
4 The evaluation shall include, but not be limited to, the number
5 and percentage of persons receiving such services and the degree of
6 problem resolution reported by families receiving such services.

7 Sec. 9. The department shall provide an annual report,
8 no later than December 1, to the Governor and the Legislature
9 on the operation of the Children and Family Support Hotline
10 established under section 6 of this act, the Family Navigator
11 Program established under section 7 of this act, and the provision
12 of voluntary post-adoption and post-guardianship case management
13 services under section 8 of this act.

14 Sec. 10. It is the intent of the Legislature to
15 appropriate from the General Fund five hundred thousand dollars for
16 fiscal year 2009-10 and one million dollars for fiscal year 2010-11
17 to the Department of Health and Human Services - Behavioral Health,
18 Program 38, Behavioral Health Aid, for behavioral health services
19 for children under the Nebraska Behavioral Health Services Act,
20 including, but not limited to, the expansion of the Professional
21 Partner Program and services provided using a sliding-fee schedule.
22 General Funds appropriated pursuant to this section shall be
23 excluded from the calculation of county matching funds under
24 subsection (3) of section 71-808, shall be allocated to the
25 regional behavioral health authorities, and shall be distributed
26 based on the 2008 allocation formula. For purposes of this section,
27 children means Nebraska residents under nineteen years of age.

1 Sec. 11. (1) The Children's Behavioral Health Oversight
2 Committee of the Legislature is created as a special legislative
3 committee. The committee shall consist of nine members of the
4 Legislature appointed by the Executive Board of the Legislative
5 Council as follows: (a) Two members of the Appropriations Committee
6 of the Legislature, (b) two members of the Health and Human
7 Services Committee of the Legislature, (c) two members of the
8 Judiciary Committee of the Legislature, and (d) three members
9 of the Legislature who are not members of such committees.
10 The Children's Behavioral Health Oversight Committee shall elect
11 a chairperson and vice-chairperson from among its members. The
12 executive board shall appoint members of the committee no later
13 than thirty days after the effective date of this act and within
14 the first six legislative days of the regular legislative session
15 in 2011. The committee and this section terminate on December 31,
16 2012.

17 (2) The committee shall monitor the effect of
18 implementation of the Children and Family Behavioral Health Support
19 Act and other child welfare and juvenile justice initiatives by the
20 department related to the provision of behavioral health services
21 to children and their families.

22 (3) The committee shall meet at least quarterly with
23 representatives of the Division of Behavioral Health and the
24 Division of Children and Family Services of the Department of
25 Health and Human Services and with other interested parties and may
26 meet at other times at the call of the chairperson.

27 (4) Staff support for the committee shall be provided by

1 existing legislative staff as directed by the executive board. The
2 committee may request the executive board to hire consultants that
3 the committee deems necessary to carry out the purposes of the
4 committee under this section.

5 (5) The committee shall provide a report to the Governor
6 and the Legislature no later than December 1 of each year.
7 The report shall include, but not be limited to, findings and
8 recommendations relating to the provision of behavioral health
9 services to children and their families.

10 Sec. 12. Sections 12 to 14 of this act shall be known and
11 may be cited as the Behavioral Health Workforce Act.

12 Sec. 13. The Legislature finds that there are
13 insufficient behavioral health professionals in the Nebraska
14 behavioral health workforce and further that there are insufficient
15 behavioral health professionals trained in evidence-based practice.
16 This workforce shortage leads to inadequate accessibility and
17 response to the behavioral health needs of Nebraskans of all ages:
18 Children; adolescents; and adults. These shortages have led to
19 well-documented problems of consumers waiting for long periods of
20 time in inappropriate settings because appropriate placement and
21 care is not available. As a result, mentally ill patients end up in
22 hospital emergency rooms which are the most expensive level of care
23 or are incarcerated and do not receive adequate care, if any.

24 As the state moves from institutional to community-based
25 behavioral health services, the behavioral health services
26 workforce shortage is increasingly felt by the inability to hire
27 and retain behavioral health professionals in Nebraska. In Laws

1 2004, LB 1083, the Legislature pledged to "promote activities
2 in research and education to improve the quality of behavioral
3 health services, the recruitment and retention of behavioral
4 health professionals, and the availability of behavioral health
5 services". The purpose of the Behavioral Health Workforce Act is to
6 realize the commitment made in LB 1083 to improve community-based
7 behavioral health services for Nebraskans and thus focus on
8 addressing behavioral health issues before they become a crisis
9 through increasing the number of behavioral health professionals
10 and train these professionals in evidence-based practice and
11 alternative delivery methods which will improve the quality
12 of care, including utilizing the existing infrastructure and
13 telehealth services which will expand outreach to more rural areas
14 in Nebraska.

15 Sec. 14. (1) The Behavioral Health Education Center is
16 created beginning July 1, 2009, and shall be administered by the
17 University of Nebraska Medical Center.

18 (2) The center shall:

19 (a) Provide funds for two additional medical residents
20 in a Nebraska-based psychiatry program each year starting in 2010
21 until a total of eight additional psychiatry residents are added
22 in 2013. Beginning in 2011 and every year thereafter, the center
23 shall provide psychiatric residency training experiences that serve
24 rural Nebraska and other underserved areas. As part of his or her
25 residency training experiences, each center-funded resident shall
26 participate in the rural training for a minimum of one year.
27 Beginning in 2012, a minimum of two of the eight center-funded

1 residents shall be active in the rural training each year;

2 (b) Focus on the training of behavioral health
3 professionals in telehealth techniques, including taking advantage
4 of a telehealth network that exists, and other innovative means
5 of care delivery in order to increase access to behavioral health
6 services for all Nebraskans;

7 (c) Analyze the geographic and demographic availability
8 of Nebraska behavioral health professionals, including
9 psychiatrists, social workers, community rehabilitation workers,
10 psychologists, substance abuse counselors, licensed mental health
11 practitioners, behavioral analysts, peer support providers, primary
12 care physicians, nurses, nurse practitioners, and pharmacists;

13 (d) Prioritize the need for additional professionals by
14 type and location;

15 (e) Establish learning collaborative partnerships with
16 other higher education institutions in the state, hospitals, law
17 enforcement, community-based agencies, and consumers and their
18 families in order to develop evidence-based, recovery-focused,
19 interdisciplinary curriculum and training for behavioral
20 health professionals delivering behavioral health services
21 in community-based agencies, hospitals, and law enforcement.
22 Development and dissemination of such curriculum and training
23 shall address the identified priority needs for behavioral health
24 professionals; and

25 (f) Beginning in 2011, develop two interdisciplinary
26 behavioral health training sites each year until a total of
27 six sites have been developed. Four of the six sites shall

1 be in counties with a population of fewer than fifty thousand
2 inhabitants. Each site shall provide annual interdisciplinary
3 training opportunities for a minimum of three behavioral health
4 professionals.

5 (3) No later than December 1, 2011, and no later than
6 December 1 of every odd-numbered year thereafter, the center shall
7 prepare a report of its activities under the Behavioral Health
8 Workforce Act. The report shall be filed with the Clerk of the
9 Legislature and shall be provided to any member of the Legislature
10 upon request.

11 Sec. 15. Sections 2 and 16 of this act become operative
12 three calendar months after the adjournment of this legislative
13 session. The other sections of this act become operative on their
14 effective date.

15 Sec. 16. Original section 68-915, Revised Statutes
16 Cumulative Supplement, 2008, is repealed.

17 Sec. 17. Original sections 68-911, 71-801, and 71-808,
18 Revised Statutes Cumulative Supplement, 2008, are repealed.

19 Sec. 18. Since an emergency exists, this act takes effect
20 when passed and approved according to law.